

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2			1		1	
3			1		1	
4						
5						
6			1		1	
7			1		1	
8			1		1	
9						
10			1		1	
11			1		1	
12			1		1	
13			1		1	
14			1		1	
15			1		1	
16			1		1	
17			1		1	
18			1		1	
19			1		1	
20			1		1	
21			1		1	
22						
23						
24			1		1	
25			1		1	
26			1		1	
27			1		1	
28			1		1	
29			1		1	
30			1		1	
31			1		1	
32	2		2		2	
33			1		1	
34			1		1	
35	2		3		3	
36	2		3		3	
37	2		2		2	
38	2		2		2	
39			1		1	
40			1		1	
41			1		1	
42			1		1	
43			1		1	
44			1		1	
45			1		1	
46			1		1	
47			1		1	
48			1		1	
49			1		1	
50	2		2		2	
TOTAL IND.	1		1		3	
TOTAL DEP.	73	←	82	←	84	←
TOTAL CLAIMS	74		83		87	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	2	2	2	2	2
52	3	2	2	2	2	2
53	2	3	3	3	3	3
54	1	3	3	3	3	3
55	2	2	2	2	2	2
56	2	2	2	2	2	2
57	2	2	2	2	2	2
58	1	1	1	1	1	1
59	2	2	2	2	2	2
60	1	1	1	1	1	1
61	1	1	1	1	1	1
62	2	2	2	2	2	2
63	1	1	1	1	1	1
64	2	2	2	2	2	2
65	2	2	2	2	2	2
66	1	1	1	1	1	1
67			1	1	1	1
68					1	1
69					1	1
70					1	1
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.	-	←		←		←
TOTAL CLAIMS	84		84		84	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS